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May 15, 1998

EX PARTE

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Magalie R. Salas
Secretary
Federal Communications Commission
1919 M Street, NW
Washington, DC 20554

MAY 15 1998

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

Re: Ex Parte Report; PR Docket 92-235

Dear Ms. Salas:

The purpose of this letter is to report that the following individuals: William A. Koppes, Product Line Manager, Patient Monitoring Systems, Hewlett-Packard Corporation; Jonathan L. Weil, Senior Attorney, Hewlett-Packard Company; J.S. Wiley, Executive Director, Telemetry Products, SpaceLabs Medical, Inc.; Diane Gaylor, counsel to SpaceLabs; Steven Deick, Development Engineer, Division of Engineering, Mayo Foundation; and the undersigned met with Ari Fitzgerald, Legal Advisor to Chairman Kennard, and Rosalind Allen, Deputy Bureau Chief of the Wireless Telecommunications Bureau, to raise concerns about lifting the current freeze on the licensing of high powered systems on the former 12.5 KHz offset channels in the 450-470 MHz band that are employed by medical telemetry systems.

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Copies of materials distributed and discussed at this meeting are attached to this letter.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "H. Goldberg", with a long horizontal flourish extending to the right.

Henry Goldberg
Jonathan L. Wiener
Attorneys for Hewlett-Packard

cc (w/enclosure):
Ari Fitzgerald
Rosalind Allen
William A. Koppes
Jonathan L. Weil
J.S. Wiley
Diane Gaylor
Steven Deick

May 15, 1998
Ex Parte Submission
PR Docket 92-235

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FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

TELEMETRY

MAYO FOUNDATION

St. Mary's Hospital

Rochester, MN

Visit to the FCC

5/15/98

Steven Deick

Development Engineer

Mayo Division of Engineering

Overall impact on Mayo-Rochester if freeze is lifted without proper planning

- Patient care would be compromised. Half of the current channels in use would be unusable. Installation of new equipment (if available) would be significant and impact patient care.
- High cost to institution. Costs would range from hundreds of thousands to millions of dollars for new equipment, design, and installation.

Institutional Usage

12 patient care areas use wireless patient monitoring.

Cardiopulmonary Monitored Care alone saw 28,000 patients in 1997.

Individual units at Mayo-Rochester that use telemetry:

- Emergency Trauma Chest Pain
- Transplant
- Cardiopulmonary Monitored Care
- Pediatric Intermediate Care
- Cardiac Critical Care
- Cardiac Intermediate Care
- Vascular Care
- Respiratory Care
- Pediatric Intensive Care
- Cardiovascular Care
- Cardiac Intensive Care
- Cardiovascular Intensive Care

Telemetry equipment usage level

Equipment currently in use at Mayo-Rochester:

- 250 channels (transmit/receiver pairs) in the 459 - 470 MHz range, 4 mW transmitted power
- Interior antenna system that provides coverage for 550,000 sq feet using approximately 600 low power antennas.

Implications of lifting current freeze on telemetry frequencies

Assuming 7 month period prior to implementation

- Loss of telemetry for multiple months

Current system not available outside of current frequency range. Mayo has approximately \$2 million invested in current patient monitoring systems.

If new equipment is made available, 7 months is not long enough to acquire, test, and implement new system.

- Interference with other areas of patient care

Any new frequency range requiring new equipment will degrade the quality of patient care while installation occurs. Significant work will have to be performed in patient care areas, creating dust, inconvenience, and temporary loss of service on systems in use.

- Cost

Depending on the frequency range allocated, various infrastructure would become obsolete. Current antenna system is specified for use up to frequencies of 512 MHz. Mayo has approximately 600 antennas installed.

Replacement cost estimates:

for the antennas -	\$300,000
new design -	\$ 75,000
for antenna cabling -	\$150,000
if new system is not compatible with current monitoring equipment -	\$2 million
transmit / receiver pair (currently 240 channels in use) -	\$ 2,500

CHRONOLOGY

- Pre-November 1992: HP and other medical products companies participate in FCC-sponsored panel discussions and file comments in response to initial refarming Notice of Inquiry, emphasizing need to protect medical telemetry in the 450-470 MHz band.
- November 1992: Refarming NPRM.
- March 1993: HP participates in FCC panel discussions on refarming, emphasizing sensitivity of medical telemetry equipment to higher-powered mobile radios on same frequencies.
- March 1993: HP comments on refarming NPRM, pointing out that LMCC's plan to authorize high-powered operations on telemetry frequencies "would create an intolerable level of interference for ECG and other medical telemetry devices."
- July 1993: HP reply comments again point out that LMCC proposals would not protect medical telemetry.
- June 1995: Refarming First Report and Order and Further NPRM. HP requests freeze on high-powered operations on telemetry frequencies, pointing out that, while Order left low-power issues to be resolved later, without a freeze, medical telemetry "could disappear over night."
- August 1995: FCC institutes freeze, as requested, pending establishment of protection for telemetry in the band.
- August 1995: HP petitions for reconsideration, emphasizing need to create a "safe harbor" for medical telemetry.
- September 1995: HP and SpaceLabs submit a proposal for establishing a "safe harbor."
- October 1995: HP and SpaceLabs attend several meetings with land mobile frequency coordinators to try to develop solution to low-power issues, but coordinators have no interest in discussing the low-power issue.
- November 1995: HP comments on refarming Further NPRM.
- November 1995: HP reports to FCC the failure of meetings with coordinators, expresses doubt that industry groups can resolve issues on their own, and asks the Commission to take "an active role to resolve the difficult issue at hand."
- January 1996: HP reply comments on Further NPRM.

June 1996: HP and SpaceLabs meet with Wireless Bureau to express concerns regarding lack of progress in reaching a solution to low-power refarming issues.

January 28, 1997: FCC seeks comment on ITA "blueprint." The "blueprint" sets out a plan for low-power use, which was developed by a LMCC working group from which medical telemetry representatives were excluded.

February 7, 1997: HP comments on ITA's blueprint, stating that it would make medical telemetry use of the band impossible.

February 20, 1997: FCC adopts ITA blueprint as Second Report and Order, but maintains freeze and gives industry six months to develop a consensus and says it will revisit issue if no consensus.

February-April, 1997: HP meets with LMCC representatives — Motorola and PCIA — and is presented with "LMCC plan," which they concede will not accommodate medical telemetry, since accommodation would be inconsistent with the interests of LMCC's constituent organizations.

March 1997: HP petitions for reconsideration of Second Report and Order, asking the Commission to take a more direct role in developing a solution to the low-power issue, instead of leaving resolution to land mobile frequency coordinators.

March 1997: HP meets with Wireless Bureau to discuss lack of progress in industry talks.

May 1997: HP writes to Bureau to inform of impasse in negotiations and, again, asks the Commission to become directly involved.

May 1997: HP meets with Bureau to discuss stalemate.

June 1997: LMCC submits so-called "Consensus Plan" for low-power use of the band — essentially the same plan that LMCC's representatives presented to HP two months earlier.

June 1997: HP and SpaceLabs write again to Bureau, demonstrating that, "[i]n simple terms, LMCC's plan would force many hospitals nationwide to shut down systems..." Again, the Commission is urged to take a direct role.

July 1997: HP reply comments regarding Second Report and Order, taking issue, among other things with the contentions of ITA

that medical telemetry should never have been permitted to use these frequencies in the first place.

January 1998:

HP and SpaceLabs write to Bureau responding to an LMCC request to implement its "Consensus Plan," pointing out that coordinators think that they don't need to negotiate with medical telemetry and that, unless the FCC steps in, they won't.

April 1998:

HP and SpaceLabs write to Bureau responding to an ITA letter urging implementation of "Consensus Plan."